

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		09-06-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	(M)	135	10/01
RESPONSE FORMALITY REVIEW	AH	917	04-23-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	03/21/01
2	03/21/01
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Claim	Date
Final Original	
51	03/21/01
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Claim	Date
Final Original	
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150	03/21/01

If more than 150 claims or 10 actions
staple additional sheet her

(LEFT INSIDE)

830
10/01/01
851
04/23/02

BEST AVAILABLE COPY

31060 U.S. PTO
09/945396
08/30/01